SEER*DMS Glossary

Abstract Facility Lead – In SEER*DMS, an Abstract Facility Lead (AFL) is a mechanism for assigning and tracking a request to abstract a case. An AFL is auto-created when an incoming record indicates a reportable cancer that requires an abstract. For example, a death certificate record may indicate a reportable cancer that requires an abstract. An AFL is closed automatically when an abstract record enters the system and is matched to the AFL. AFLs can also be created and closed manually. AFLs are described in detail in *Chapter 21: Managing Abstracting Assignments*.

Auditable – A reportability setting of Auditable indicates that a record contains cancer-related data but is not a reportable case. Auditable records are retained for use in casefinding audits. SEER*DMS processes these records to obtain potential follow-up information. See *Chapter 9: Screening for Reportability*.

Audit Log – SEER*DMS maintains an audit log for each record and patient set in the system. Whenever a record or patient set data field is changed by a user or a system process, an entry is made in the associated audit log. The information in the audit log includes the user or process which modified the data, comments related to the change, the date and time of the modification, and the original and modified value of each data field that was changed. A user may provide comments related to individual data items or provide a general comment for all data items changed within a single session. See *Chapter 2: Records and Patient Sets*.

Consolidation – The consolidation process involves combining cancer data from multiple reporting facilities for the same patient into one comprehensive data set, known as the "patient set." This process may involve consolidating data from multiple records and creating a new patient set, or consolidating data from one or more records into an existing patient set. See *Chapter 12: Consolidating Data*.

CTC – Cancer/Tumor/Case (CTC) refers to an instance of a reportable disease. Generally speaking, a CTC is a neoplasm with topography, histology, and behavior codes that meet the SEER, local, or special study case reporting guidelines. While this is usually a cancer or a tumor, some code combinations are not truly tumors and others are arguably not cancer. In the SEER*DMS database, a CTC is a data entity within a patient set. All diagnostic, staging, and treatment data for a reportable neoplasm are stored in the CTC table. A patient set may include multiple CTCs, one for each primary cancer diagnosed for the patient. See *Chapter 2: Records and Patient Sets*.

Death Clearance - Death Clearance is the process of linking death certificate records with the registry database in order to determine all deaths among registrants and to identify deaths from cancer among persons previously unknown to the registry. These processes are described in *Chapter 17: Death Clearance*.

Edit Errors – During various workflow processes, SEER*DMS checks records and patient sets for errors based on SEER and registry-defined edits. Errors that are detected can be reviewed in the record or patient set editors and monitored through system reports. A severity level is assigned to each edit in order to trigger specific manual tasks and prioritize errors during editing tasks. See *Chapter 7: Edit Errors*.

Follow-up – The term follow-up refers to the processes whereby a registry continues to monitor the status of a patient's health at periodic intervals. Data fields concerning a patient's vital status, date of last contact, treatment, and recurrence are periodically updated to maintain accurate surveillance information. See *Chapter 16: Follow-up*.

Follow-back – In SEER*DMS, the term "follow-back" refers to the process of contacting a reporting facility to obtain missing information or to resolve inconsistencies in data received at the registry. While editing, screening, or consolidating data, a registrar can submit a request for follow-back information. The request will be forwarded to the Follow-back Management tool for processing, and a copy of the request will be maintained with the record or patient set for system users to review. Periodically, a registry manager will review, edit, and compile follow-back requests into a single communiqué that is sent to a physician or other representative at a facility. See *Chapter 22: Follow-back*.

Follow-back Need – In SEER*DMS, a "follow-back need" is an individual request for follow-back information.

Follow-back Bundle – All the follow-back needs intended for a single facility are bundled together and held for processing. A registry manager will periodically review, edit, and send bundles to the designated organizations.

Patient Set – A patient set is a packet of data in the SEER*DMS database which includes all data associated with a particular patient. These data include patient demographics, information on all reportable cancers, admissions information, diagnostic procedures, treatment information and text documentation. The patient set also includes linkage information to enable access to the source records. See *Chapter 2: Records and Patient Sets*.

Record – A record contains the source data submitted to the registry. In the SEER*DMS database, these data are stored in the record table. Records are created in the database when data are loaded from files or entered manually. Each record travels through the workflow, triggering the automated and manual tasks that must be performed to process the data. See *Chapter 2: Records and Patient Sets*.

Incoming Record – A record that has entered the workflow and has not yet been consolidated into patient set data is referred to as an incoming record.

Focus Record – The record that triggered the creation of a workflow task is the "focus record" of that task. One incoming record is the focus of Match-Consolidate and Consolidate tasks. Other records that were selected as matches to that record would also be involved in the tasks.

Linked Record – A "link" is an association between a source record and a patient set. When record data is consolidated into an existing patient set or used to auto-build a new patient set, the record is linked to the patient set. The Patient Set Editor provides access to all linked records, enabling users to review the raw data that contributed to the summarized and consolidated Patient Set.

Record Request – The record request feature provides a mechanism for a registry to request either a specific record or a specified set of records from an outside organization, and to track responses received by the registry. See *Chapter 23: Requesting Records*.

Record Type – Record type is a general classification that can be assigned to data provided in multiple file formats. For example, the Supplemental record type is used for department of motor vehicle, CMS/HCFA, and voter registration data. The record type setting dictates the path of an incoming record through the SEER*DMS workflow. The SEER*DMS record types are defined in *Chapter 2: Records and Patient Sets*.

Screening – Screening is the process of determining whether data are reportable to SEER or local agencies. SEER*DMS uses a combination of automatic and manual workflow tasks to determine a record's reportability. A manual screening task is generated for any record that, according to registry policy, must be reviewed in order to ascertain reportability. See *Chapter 9: Screening for Reportability*.

System Report – SEER*DMS includes an integrated reporting package that enables you to run pre-defined system reports. These include reports that summarize registry activities, track data through the system, and provide quality control information. Some system reports are integrated as print mechanisms throughout SEER*DMS, while others are listed in the Standard Reports table. See *Chapter 24: Creating Reports and Extracting Data*.

Visual Editing – Quality control of new patient set data involves the review of edit errors identified by the computerized edits and a visual review of data fields. In SEER*DMS, the Visual Edit Patient Set task enables registrars to visually review data for a new patient when a patient set is auto-created from a single abstract record. Visual editing is also conducted during consolidation tasks, in which registrars review incoming data as they consolidate it with data previously loaded into the system. See *Chapter 13: Visual Editing*.

Wizard – A utility within a computer system that guides the user through a series of steps to accomplish a task. In SEER*DMS, a wizard interface is used to step the user through the process of uploading data files (see *Chapter 5: Importing Data Files*).

Workflow – The SEER*DMS workflow provides a configurable means to establish the flow of records and other system data through the appropriate automatic and manual tasks. The workflow controls the path of a record through the editing, screening, matching, and consolidation tasks with the ultimate goal of incorporating it into the patient set data. A record entering the workflow is initially processed in a series of automatic tasks. If human attention is required in order to complete a task, a manual task is added to the worklist. Once the manual task is completed, the record continues to the next task in the workflow. See *Chapter 4: Using the Worklist*.

Worklist – The SEER*DMS worklist provides a view of the automatic tasks that are currently running and the manual tasks that require attention. The manual tasks displayed in the worklist are the staff's "to do list". See *Chapter 4: Using the Worklist*.